

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-25696

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

7. Lease Name or Unit Agreement Name

CENTRAL DRINKARD UNIT

8. Well No.

422

9. Pool Name or Wildcat

DRINKARD

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMITS  
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator  
CHEVRON USA INC

3. Address of Operator  
15 SMITH ROAD, MIDLAND, TX 79705

4. Well Location  
Unit Letter D : 1155 Feet From The NORTH Line and 1000' Feet From The WEST Line  
Section 33 Township 21-S Range 37-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐

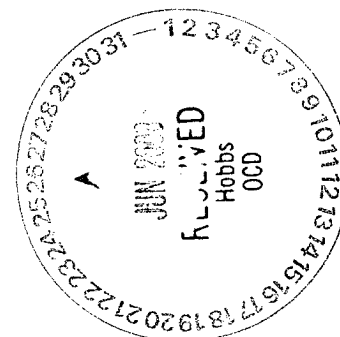
CASING TEST AND CEMENT JOB ☐

OTHER: ☒ BACK ON PRODUCTION

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

THE SUBJECT WELL IS BACK ON PRODUCTION WITH A TEST ON 6-16-03. FLOWING 14 MCFPD.

THE GAS WAS USED TO OPERATE THE VESSELS ON CDU TRACT 3. TRACT 3 IS NOW ABANDONED AND THE GAS HAS BEEN TURNED BACK DOWN THE SALES METER ON LOCATION.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Denise Leake TITLE Regulatory Specialist

DATE 6/25/2003

TYPE OR PRINT NAME Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED Ray W. Wink  
CONDITIONS OF APPROVAL, IF ANY: TITLE

OC FIELD REPRESENTATIVE II / STAFF MANAGER DATE

JUN 26 2003